« « The » »

MEDICAL MISSIONARY

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CAUSA NOSTRAE LAETITIAE

Vol. IV DECEMBER, 1930 No. 4

Stabat Mater Speciosa

By the crib wherein reposing,
With His eyes in slumber closing,
Lay serene her Infant-boy,
Stood the beauteous Mother feeling
Bliss that could not bear concealing,
So her face o'erflowed with joy.

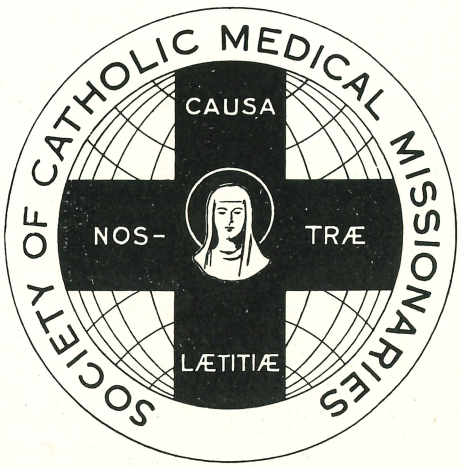
Oh, the rapture naught could smother
Of that most Immaculate Mother
Of the sole-begotten One;
When with laughing heart exulting,
She beheld her hopes resulting
In the great birth of her Son.

Who would not with gratulation
See the happy consolation
Of Christ's Mother undefiled?
Who would not be glad surveying
Christ's dear Mother bending, praying,
Playing with her heavenly Child?

For a sinful world's salvation,
Christ her Son's humiliation
She beheld and brooded o'er;
Saw Him weak, a child, a stranger,
Yet before Him in the manger
Kings lie prostrate and adore.

O'er that lowly manger winging,
Joyful hosts from heaven were singing
Canticles of holy praise;
While the old man and the maiden,
Speaking naught, with hearts o'erladen,
Pondered on God's wondrous ways.

Fount of love, forever flowing,
With a burning ardor glowing,
Make me, Mother, feel like thee;
Let my heart, with graces gifted
All on fire, to Christ be lifted,
And by Him accepted be.



Holy Mother, deign to bless me,
With His sacred Wounds impress me,
Let them in my heart abide;
Since He came, thy Son, the Holy,
To a birth-place, ah, so lowly,
All His pains with me divide.

Make me with true joy delighted,
To Child-Jesus be united
While my days of life endure;
While an exile here sojourning,
Make my heart like thine be burning
With a love divine and pure.

Spotless Maid and sinless Woman,
Make us feel a fire in common,
Make my heart's long longing sure.
Virgin of all virgins highest,
Prayer to thee thou ne'er denyest,
Let me bear thy sweet Child too.

Let me bear Him in my bosom,
Lord of life, and never lose Him,
Since His birth doth death subdue.
Let me show forth how immense is
The effect on all my senses
Of an union so divine.

All who in the crib revere Him,
Like the shepherds watching near Him,
Will attend Him through the night,
By thy powerful prayers protected,
Grant, O Queen, that His elected
May behold heaven's moving light.

Make me by His birth be guarded,
By God's holy word be warded,
By His grace till all is done;
When my body lies unobstructed,
Make my soul to be conducted,
To the vision of thy Son.

The MEDICAL MISSIONARY

Published with ecclesiastical approbation ten times a year by the Society of Catholic Medical Missionaries, Inc., Brookland, Washington, D. C., in the interest of Medical Missions and Women of the Orient. Subscription, $1 per year.
Editor: Dr. Anna Dengel

"Entered as second-class matter September 11, 1928, at the post office at Washington, D. C., under the Act of March 3, 1879."

EDITORIALS

CHRISTMAS

CHRISTMAS with its joys is near again. May it be happy and joyful and merry and full of blessings for body and soul for all our friends and benefactors, yea, for the whole world! This is our fervent prayer and sincere wish. All those to whom the birth of Christ means the coming of the Saviour can not fail being happy seeing the little Infant King lying in the manger. But to the neo-pagans who do not believe in the divinity of Christ and to whom things that can not be seen with corporal eyes are myths, and to the pagans of the old regime who never yet had the chance of learning the greatest tidings the world has ever heard, Christmas is a cold word which does not stir their hearts.

The saddest thing no doubt in this world is to be ignorant of the Eternal Truths; that is also why the sublimest of all is to bring them to those who do not possess them, be they near or far, under our own roof or in a distant region of the globe. This conviction it is that makes many a missionary happy and satisfied at Christmas. The externals of Christmas: the decorations, cakes, turkeys and gifts which are considered almost essentials by some may be wanting, poverty may somewhat although probably only faintly resemble the poverty of Jesus, Mary and Joseph, the isolation and absence of dear relatives and friends may be painfully felt, but, nevertheless, Christmas must be a happy time for every missionary, for he or she is the messenger of the glad tidings: "Gloria in excelsis Deo. Pax hominibus bonae voluntatis."

Kneeling at the crib and meditating on the condescension and love of the God-made-man, the humility and poverty with which the Creator of heaven and earth visited us, and visualizing that two-thirds of the human race have not yet seen the Star of Bethlehem, must kindle in every Catholic heart a burning zeal that does not count the cost, a consuming desire that does not shun and shirk sacrifices to ever spread further and further the coming of the Saviour into the world.

Christmas is the feast of giving and sharing, of bringing joy. Christmas is a day when one wishes that the whole world were one flock and one Shepherd, all sharing, all enjoying the gifts, which the King of Kings who came into the world as a little Infant, yearns to bestow on all.

DISTINGUISHED VISITORS

On November 11, His Eminence Cardinal Dougherty, of Philadelphia, Rt. Rev. Bishop Thomas J. Shahan, and Rt. Rev. Msgr. Bernard McKenna, of the National Shrine, honored us with a visit.

As His Eminence Cardinal Dougherty was very sympathetic to the bringing of medical aid by women to the women of India ever since the Editor had the privilege of presenting this medical mission problem to him, and as His Eminence encouraged at a decisive moment the starting of a society of medical missionaries, and also as it is mainly through his generosity and that of the people of Philadelphia that the Holy Family hospital in the Punjab became a reality, it was with a feeling of solemn joy and gratitude that we received His Eminence in our little house. Meeting our missionaries, His Eminence enquired of each from whence she came and was surprised to find that we were such a cosmopolitan group. He visited our chapel and gave us his blessing and encouraged us by saying that ours was a splendid work.

It was a happy coincidence that Rt. Rev. Bishop Thomas Shahan came with his Eminence, as Bishop Shahan was also one of our first ecclesiastical friends. The four pioneer members made their Solemn Promise in his presence and he also presided at the first election. Ever since, he has taken a fatherly interest in our doings.

We were also glad that Msgr. McKenna who is kept so busy with the building and decoration of the National Shrine of the Immaculate Conception was able to keep his promise of visiting us.

We had another pleasant surprise in the visit of Bishop Roche, of Tuticorin, South India. Bishop Roche, S.J., is an Indian whose entire diocese is supplied with Indian priests and sisters. The diocese has a grand seminary, a little seminary, one high school for boys, one for girls, two middle schools for boys, one middle school for girls, one hundred and forty-four elementary schools for boys, thirty elementary schools for girls, three orphanages, two carpentry schools, four weaving schools, two lace schools, and a printing press. The total population is nearly one million. The Catholic population is eighty-five thousand.

(Continued on page 9)

THE SUFFERING OF CHILDREN IN NON-CHRISTIAN LANDS

Dr. Anna Dengel

A CHILD comes into the world a lovable but helpless being. It depends upon its parents for everything. It can cry, it is true, but it can not express what it wants supplied or remedied. Woe to the little thing if it is not understood. It will not have food at the time when it is needed, it will lack fresh air, sleep or play, it will be in a turkish bath smothered in clothes or have its little pudgy toes blue with cold. Such a baby will not develop properly; sickness will be inevitable, even death may follow.

Mothers in Europe and America as a rule are free to use their common sense in the care of those precious gifts of God—their little babies. Many also have learned valuable lessons in mother-craft from their mothers or through books and instruction, but mothers in India, China, and Africa, frequently inherit old laws, customs, and superstitions about the bringing up of their children. On account of their inability to read and get instruction, the greater number do not yet share in the marvelous progress which has been made of late in the saving of suffering, and infant lives.

In the Orient many children get neither the proper quantity nor the proper quality of food. Marasmic infants who look like little shrivelled-up old men are not a rare sight. I remember a tiny little skeleton-like baby being brought to our dispensary; it was but skin and bone—a pitiable case of starvation. We fed it at regular intervals; one could literally see it blossoming out. Unfortunately the mother had to leave for a distant village in a week's time and we never heard of the subsequent fate of our protégé.

MARASMIC INFANTS ARE NOT A VERY RARE SIGHT.

On another occasion I saw a little baby three days old which was not given any food because the Hindu astrologer predicted in the horoscope that the infant would live not more than six days; therefore, it was considered useless to feed it. I prevailed on them to try to give milk, with the result that it survived the sixth day and grew strong and healthy to the obvious delight of the family.

In the cold of winter, children are often brought to the dispensary very scantily clad suffering from colds, bronchitis, or even pneumonia. The mothers do not realize what discomfort and danger the lack of proper clothing means. When their attention is drawn to it by such remarks as, "How would you feel if you had only such thin garments," they begin to reflect and bring the children warmly dressed the next day.

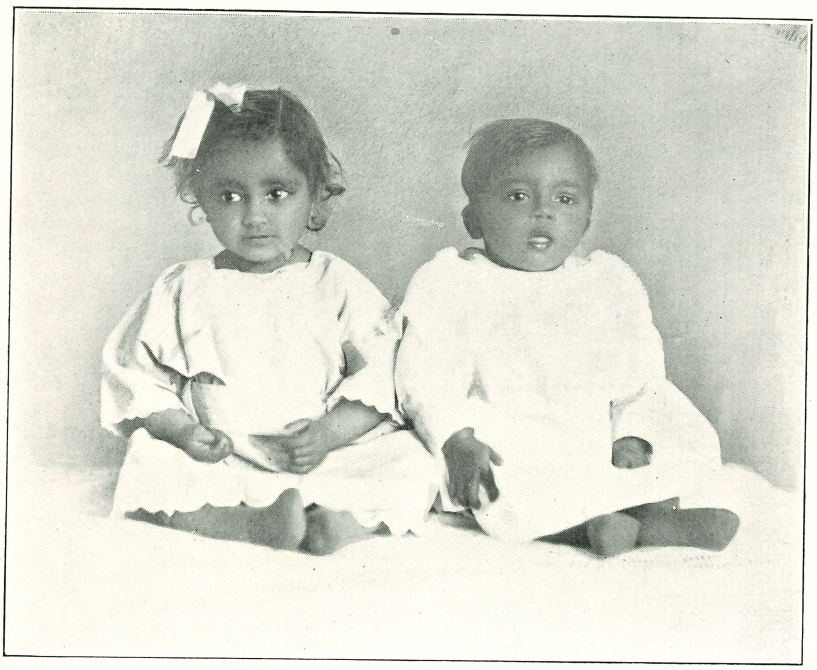
In many places in India the newborn baby is not clothed but only wrapped in a rag or a shawl and put under the mother's comforter to keep it warm. Needless to say it does not get fresh air in this way. Readers may think that it is a matter of poverty, but by no means is this always the case. On one occasion I had to attend a rich Hindu lady who was extremely happy to have a little son and heir. He was wrapped in a soft shawl but no other clothes were put on him. Being December and the weather being quite cold, I advised that he should have a little garment on account of the frequent exposure. Then I was enlightened on the reason of their mode of procedure. The mother said that she had already lost two children who presumably were taken away by evil spirits. To avert the same fate, this one was offered to the gods as a fakir or holy beggar and as such was deprived of the comfort of clothes. Realizing the danger I did my best to persuade the women relatives to change their mind and to my delight I found my little beggar the next day dressed in a quaint little garment made of fourteen pieces of silk of various flashy colors, red, green, blue, purple, yellow, etc. The idea was to imitate the patched rags of a beggar.

Many are victims of cruel customs. Among the many dispensary patients I remember particularly well a young good-natured mother whose baby had eight linear scars on its little body. It was quite evident that they were the result of a deliberate injury. On being asked about them the mother said that belonging to the oil caste, it was customary for them to burn the children with a red hot iron soon after birth. This child had survived it, but who knows in how many cases the burns become infected and lead to an untimely death.

Many children contract eye diseases through lack of cleanliness. Mosquitoes and flies abound and carry germs from eye to eye. Children's tissues offer less resistance and so many little boys and girls are totally or partially blinded in childhood from mere ignorance, neglect and lack of proper treatment. In Kashmir a pitiful case of a little girl of two was brought to me once. One of her eye balls was projecting and was covered with a big scab. On examination the whole eye proved to be a bag of pus. It had to be enucleated in order to prevent the infection from spreading to the brain. Timely treatment would probably have saved the eye.

Many kinds of skin diseases are found. Most of them could be easily prevented, just to give one example. On a village tour in Kashmir, I was invited to visit a boys' school. I was of course expected to do something or say something. I asked the schoolmaster to bring the boys out in the open and line them up in a row. Then I said to the boys, "Caps off!" (In Kashmir men and boys wear a small tight fitting skull cap). I found what I expected. 75 out of 104 boys had the area under the cap covered with thick scabs, the result of infection carried by the frequent exchange of germ laden caps and the lack of air and light. On that day the boys received a never-to-be-forgotten lecture on the use of soap and water.

It is to be expected that injuries and accidents which are inevitable lead to the crippling of many, as prompt medical aid is often not available. Among the many cripples I saw, I remember very distinctly a boy whose upper arm had become united to the side of the body as a result of an untreated burn and now for the remainder of his life he must go about that way. If the burn had been properly treated, his arm would be useful today.



HOSPITAL LEGACIES

Marguerite was born in the hills of Simla, abandoned and temporarily adopted by a poor woman who had to go out to work the greater part of the day which necessitated the strapping down of the child and leaving her alone for hours. The result was that little Marguerite's beauty was spoiled by bad rickets which prevented her from walking even at the age of two. Fortunately she is an Indian girl destined to wear long skirts to hide the bow legs. A kind Catholic lady brought the child under the permanent care of the Sisters. Michael was born in the hospital and left there.

Of all the infantile diseases, *Reaper Death* has probably the most powerful ally in digestive troubles. When the child's nutrition is interfered with, it is an easy prey to infection and wasting diseases. In India alone two million children die every year under the age of two. On an average, twenty-five out of one hundred babies die within the first year of life. In some cities fifty and sixty out of a hundred or even more. Who can even begin to realize the cries and writhings of pain of the children, the tears and anxieties of mothers which this yearly harvest costs?

China with its four hundred millions of people has always excited the pity of Christian children on account of the custom of abandoning babies if the father can not see his way to feed the extra mouth. Dr. Anna Roggen who went to China two years ago and as our readers may remember, had such an edifying death shortly after her arrival there, gives her impression of St. Joseph's Hospice: "It is an immense complex of buildings for the sick, orphans, old people, the insane. The most surprising of all is the crêche, where the little beings picked up in the streets are welcomed. Last night eight were brought in, ranging in age from a few days to a few weeks. Eighty-six of them are together in one room, most of them in an indescribable state—covered with abscesses, bruised. One had an eye knocked out. Most of them come dying, for many parents bring them because they can not afford a coffin. Many also recover and are brought up * * *"

Africa, although no longer deserving the name of the dark continent, being the brightest hope of the missionary and having already produced martyrs and native priests and sisters, has still some dark spots. Only recently a sister wrote to us from Nigeria. "In this part of the country twin murder is still practiced. Twins are regarded

as monsters; they are killed at birth and the unfortunate mother is driven out of her village, an outcast for life."

A missionary priest from Africa told a very touching story of a little negro lad who was suffering from Pott's disease (tuberculosis of the spine); several vertebrae were softened by the disease and a hump-like projection was produced. This together with the discharge from the sinuses made it very uncomfortable to lie on his back. The good parents devised a kind of hammock made of strong cloth and which they hung from four poles fixed in the ground. A hole was cut in it to allow for the protuberance in the back in order to prevent pressure on the painful area. When the missionary brought the Sacraments to the little lad he said, "You are suffering a great deal, are you not?" "Yes," said the little fellow, "but not as much as our Lord on the Cross."

Of course one could go on *ad infinitum* describing the suffering of children in non-Christian lands, but what good would it do without action. It would remind one of decrying darkness; lamenting its disadvantages would not dispel it. The only thing that will remedy darkness is light. The only thing that will bring health and joy into the lives of the little children in the missions is action. But this is a complicated process. Action from without such as doctors and nurses from America and Europe are able to bring is important but on account of the limited number and other reasons, very much can not be achieved without the active cooperation of the natives. This on account of illiteracy, prejudice, superstitions, old customs and laws, and poverty is necessarily slow. Many factors must combine to bring about the desired progress.

Is there hope, is there a sympathetic effort on the part of governments and municipalities, on the part of the natives themselves, to give the growing generation the chance of escaping unnecessary suffering and growing up healthy and strong? The answer is decidedly *yes,* but conditions and numbers are overwhelming and advance can only be made step by step. Maternity and child welfare, which go closely hand in hand, are pushed with more vigor and enthusiasm now than almost any other medical scheme; governments consider it a crying duty and missionaries a service and charity which expresses the spirit and the wishes of the great Healer who went about doing good.

A representative of a Protestant mission organization recently said to me, "I don't know what you are doing, but we are concentrating on maternity and child welfare work." She showed me charts of their centers in Africa which showed welfare stations dotted all over the missions.

"I don't know what you are doing," still rings in my ears. I know that our missionaries with the generous help of children all over the Christian world have done a magnificent work in baptizing a great number of babies, as given in a recent report of the Holy Childhood. In our few Catholic mission hospitals and numerous mission dispensaries countless pains of little sufferers are soothed and many tears are dried. Shall we, however, lull ourselves into self admiration and praise when the gate of opportunity is swinging open wider and wider, when there is the cry for doctors and nurses to go out as apostles of charity to spend themselves in a work of which our Lord has given the example, which the Father of Christendom calls "holy" and which appeals to Christian and non-Christian alike? The strings of human hearts are made of the same fibre and a suffering child touches even the heart of a so-called savage.

Maternity and child welfare hold out a field of limitless scope, especially to nurses, and it promises the most wonderful harvest; but it must be bought at a price.

Professional knowledge, charity, a spirit of sacrifice and leaving the reward to God are required. The importance of proper training and experience are only undervalued by those who enjoy the questionable bliss of ignorance. Charity makes it a labor of love for God and man supplying the dynamic force for sacrifice and perseverance. Leaving the reward to God, though apparently the easiest is the stumbling block of the majority. If a good salary, normal comforts and short periods of service were assured there might be a waiting list. But considering the magnitude of the task, funds are scarce and conditions being little alluring, the supply is far from the demand. And so it is that thousands, nay millions of little children of the Orient and Africa have nobody to lead them on the road to health to develop a sound body to be the dwelling place of a sound soul. Within the last month alone we have received four requests for missionaries.

Is there a way to bridge the gap between supply and demand? If it is God's work there must be. It is He Who can repeat to hundreds and thousands what He said to the young man in the Gospel: "Come and follow Me," but He also said, "Go sell what thou hast and give to the poor and thou shalt have treasure in heaven." The young man, however, was sad at the saying and went away sorrowful. Treasures on earth were more to him than treasures in heaven. Who knows what he missed? "Leaving the reward to God" is the stumbling block on which many a glorious mission career is shipwrecked. There is no doubt it requires a generous soul to resist the siren calls of our age of materialism, but God's voice and grace are as strong as ever and therefore if the day has come to develop and expand Medical Missions in all its phases including maternity and child welfare, the Catholic Church will not fail to produce more and more laborers in this vineyard.

THE SOCIETY AT HOME AND ABROAD

WE THANK our Readers most heartily for their generous response to our appeal for the equipment and passage of our three missionaries to India. We are very grateful for the contributions received. Sister Margaret Mary, R.N., and Sister M. Bernadette, R.N., are in New York at present at the Maternity center gaining experience in that field of work which is so important in the missions.

The departure is arranged for January. Like all missionaries, they are looking forward to reach their field of labor.

DONATION PARTY

Shortly before Thanksgiving a number of Washington friends, old and new, very generously and thoughtfully surprised us with donations of flour, hams, sugar, apples, and many other precious varieties of things which keep body and soul together. The proceeds of a card party held by the Daughters of Isabella were a very welcome addition to the equipment and passage fund for our missionaries. We are most grateful for this help.

OUR CHRISTMAS CRIB

Our Christmas crib is made up of 80 figures exquisitely carved in wood by a Tyrolese artist. We heartily invite our friends from Washington and surroundings to come to see it. We will leave it stand until February 2nd.

St. Francis Xavier, patron of missionaries, pray for us.

HALF THE FAMILY

FROM ABROAD

Rawalpindi

Good news comes from Holy Family Hospital from Dr. Lyons:

"From an anonymous donor we lately received ten thousand rupees ($3,750), which are to be applied to the endowment fund of the hospital. . . . St. Joseph is certainly a wonderful provider. From the beginning all money affairs and business operations here were placed in his hands. He takes care of them all without our scarcely bothering. *Deo gratias!*"

Sr. M. Therese writes:

"We have so many patients just now that we have to move around quite a bit; I declare that the next move will have to be out to the summer house. It is like playing a game of checkers."

Sr. M. Frances, who has charge of the training of native nurses, has her problems in preparing them for government examinations:

"The long dreaded time of examination for the nurses came at last. One of the examiners came to the hospital. I hope the nurses were successful. Only three were able to take the examination, since the others could not learn Roman Urdu in time."

Dr. Finnigan writes:

"We received a box of medicines, etc., from home this week. There was a fee of 54 rupees ($20) to be paid for customs, wharfage and cartage; we will have to pay *octroi* as well. Everything was most acceptable and already our baby is dressed in new garments at least six sizes too large. He is a dear little thing and as good as gold. From the chin down he is still thin and rickety, but on the whole is fine and thriving."

Dacca

Sr. M. Laetitia writes items of interest from Dacca:

"In Dacca one has to be able to speak two languages: One for the Hindus, who speak Bengali; and one for the Mohammedans, who usually speak Urdu. If one gets into a Mussulman *bari*, one first tries Urdu; if that does not succeed, then a Bengali - Urdu mixture will be understood.

"It is not all plain sailing here; sometimes none of the *dhais* whom we are supposed to train turn up for classes. On inquiring the reason, one is told they are building houses for a certain person who hired them, or another time they are making a road, or it is the wedding season and they are getting their sons and daughters married off.

"On our rounds visiting mothers and babies we see much poverty. It is one of the reasons of the high infant mortality here (25%). The houses are made of open work bamboo. Usually the mother lies on the floor on a sack or a bamboo mat. When it rains, which it does very heavily here, the whole room often gets flooded out and the mother and baby have to remain there—there is nothing else to be done. Often we cannot even find a rag, clean or dirty, to cover the baby. . . .

"Sr. Helen has gone to see the Holy Cross Sisters in Toomiliah. I am so glad that she had the opportunity, as it does one good to see so many Catholics singing away at Mass. There are actually hundreds of them there.

"The monsoon is almost over, so we shall try to take some pictures if the camera has survived. It grew beautiful long whiskers during the wet season, which seems to last about five months. It is still hot, but the cold season is due soon. We cannot grumble about the heat here, except that you can 'p'ck it up' so to speak, but it is heaven compared to Rawalpindi."

IN MEMORIAM

ON the feast of All Souls' a cable from Dr. Lyons brought us the sad news of the death of Rt. Rev. R. Winkley, Prefect Apostolic of Kashmir and Kafristan, whose prefecture we may call the cradle of our Society.

Monsignor Winkley was a native of Lancashire, England, and a member of St. Joseph's Foreign Mission Society of Mill Hill. He was assigned to the Punjab as a young priest and was the first Catholic missionary to enter Kashmir. Sometimes he humorously related his experiences living in a bivouac tent for months, having chappattis and curry for his daily sustenance and getting so accustomed to the language that he addressed an English gentleman and old friend of his—the first European he had seen for months—in the Kashmiri language.

Only after 19 years of mission work, he returned for the first time to Europe on a short visit. During the war he was elected Prefect Apostolic, his territory comprising one of the most beautiful and interesting parts of the world, namely, Kashmir, renowned in song and story—but not yet, alas! for saints and scholars—the northwestern frontier of India, peopled with proud, sturdy Pathans who not yet softened by Christianity believe in an "eye for an eye and a tooth for a tooth." The barbed-wired city of Peshawar, at the foot of the Khyber pass, the city of Rawalpindi, the so-called Aldershot of India, and other interesting places are also in the prefecture. The greater number of inhabitants of these regions are Mohammedans which fact sufficiently explains the peculiar difficulty of the mission.

RT. REV. R. WINKLEY, Prefect Apostolic of Kashmir and Kafristan. R. I. P.

Monsignor Winkley's personality was one that radiated peace and confidence. Perhaps his outstanding qualities were his meekness and imperturbable calm. Only those who have experienced the enervating effect of a tropical climate and the still more trying task of directing native workmen, can appreciate what a heroic achievement it is for a missionary in India to possess these two virtues in a striking degree. He was kindness and simplicity itself. No one was afraid to approach him. He was also extremely economical, but generous with it all. He was known as a good beggar. The secret of his success was that he was able to convince people that it was a privilege to have an opportunity to lay up treasures in heaven. He also believed in taking good care of one's health and taking proper precautions. Many times he warned the writer not to venture out during the scorching heat of the afternoon.

He liked to say Mass early and made an hour's mediation kneeling. In the evening he recited the rosary aloud in the parish church for the native Christians and others who wished to join. His outstanding accomplishment—a very valuable one for a missionary—was his knowledge of building. He personally designed the plans and supervised the building of several churches and schools, thereby assuring good workmanship and saving thousands of dollars to the Prefecture. His last work was the Holy Family Hospital, in which he was one of the first patients and in which our Sisters had the privilege of taking care of him in his last illness. He spent the month of October there suffering intensely. He intended to remain the whole winter but God called him to his reward on the feast of All Souls' after more than 40 years of missionary labor.

For the last three years he was continuously suffering, but it did not keep him from being interested in everything and planning further development. His last project was a house for our Sisters and the native nurses which is very much needed as the hospital space taken up by them is required for patients. But in any case his plans could not have been carried out just now, as there are no funds available for it yet.

Monsignor Winkley heartily approved of the foundation of a specific society of Medical Missionaries. He took a fatherly interest in our humble beginnings. This was a source of great encouragement to us and we shall always gratefully remember it.

On October 4, a Requiem Mass was sung for him in our chapel. Rev. John Delauney, C.S.C., our chaplain, was celebrant. May we ask our Readers to join us in a fervent "requiescat in pace."

A NEW WAY OF HELPING OUR SOCIETY

THE "LOTS FOR LITTLE" SHOPS

A NEW way of helping our society has come into existence. In New York City a group of women have founded a permanent rummage or thrift shop, the profits of which will be devoted to four charities, the Helpers of the Holy Souls, the Cardinal Gibbons Institute, the Barat Settlement and the Society of Catholic Medical Missionaries.

Of these four societies ours is the youngest and the least well known, and yet the committee in charge has generously decided to give us an equal share in the returns. Therefore we ask our friends to do all they can to support the shops by sending things themselves and talking of it to others. The managers of the shops ask only for what you do not want, discarded clothing, odd pieces of bric-a-brac, old curtains, furniture, toys, books, anything and everything that is now cluttering your closets and bothering you can be sold at the shops and turned into funds to help us in our work. The success of the undertaking depends principally upon the amount of rummage supplied, as there must be a continual flow of articles into the shop to meet demands of the purchasing public.

His Eminence Cardinal Hayes has given his approval to the work and sent his blessing to all who help to make it a success.

A store has been rented at 902 Third Avenue, between Fifty-fourth and Fifty-fifth Streets, which will be open from half past nine every morning until half past four in the afternoon. Articles for sale may be delivered there, or they will be called for if the shop is notified, the telephone number being Plaza 1850 until the middle of December, after which, according to the new system, it will be Plaza 3-1850.

Mrs. Charles Banks Belt, Miss K. Frances Coleman and Miss Agnes F. Keyes are our representatives upon the executive board.

The following have kindly consented to be on the Executive Committee:

Miss Agnes F. Keyes (chairman), Mrs. Charles Banks Belt, Mrs. Edwards H. Childs, Miss K. Frances Coleman, Miss Kathleen Hogan, Miss Gertrude Kelly, Mrs. James W. Land, Miss Anita Mulgrew, Miss Catherine Schumann, Miss Margaret Sheridan.

Shop Committee

Miss Isabel Semple Scott, manager; Mrs. Lee Dewitt, assistant manager.

Patronesses

Mrs. John G. Agar, Miss Ada Clarke, Mrs. Robert F. Collier, Mrs. Henry H. Forbes, Miss Louise S. Frith, Mrs. John W. Hogan, Mrs. Robert L. Hoguet, Countess Georgine Iselin, Mrs. Edward L. Keyes, Miss Sarah Lee, Mrs. George A. Muir, Mrs. R. S. Peabody, Mrs. Henry A. Stickney, Mrs. Henry W. Taft, Mrs. Cornelius Tiers, Mrs. Wm. P. Van Wyck, Mrs. Emile Vatable, Mrs. Schuyler Warren.

The name of the shop is "Lots for Little." We hope the people of New York will realize that there lots can be had for a little money, and furthermore we hope that lots of good will come from it for our society. Last but not least we thank our friends in New York most heartily for their efforts to help us. It is a great encouragement to us and we shall contribute our quota of prayer for the undertaking in which so many by organizing, giving and working must share to make it a success.

DISTINGUISHED VISITORS

(*Continued from page* 3)

We asked the bishop if he had a Catholic hospital. He answered, "No!" and jokingly remarked, "That is why I came to ingratiate myself." We assured the bishop that there was no need of that as we ourselves are only too eager to start hospitals. As the only obstacle is our fewness in number we asked the bishop to pray for vocations.

Several bishops have asked us to undertake hospitals, maternity and child-welfare work and the training of native nurses in their dioceses. Up to the present we can only assure them of our sincere desire to comply with their request as soon as missionaries will be available which we trust will not be too far distant as our Society and its aims are becoming more known.

On November 20, we welcomed two other distinguished visitors, Rt. Rev. A. Gaspais, Bishop of Kirin, Manchuria, and Rev. Albert Breton of Omori, Tokyo, the founder of a Japanese sisterhood.

Bishop Gaspais is planning to establish a number of dispensaries in Manchuria and is looking for medical missionaries to take charge of them. His Lordship puts great hope in dispensaries. He said that so much good could be done and so much progress made with conversions. Dispensaries pave the way for the work of the priest. Livingstone, the great Protestant medical missionary, expressed the pioneer value of medical missions long ago when he said, "I opened many a country at the point of the lancet."

THE SHADOW OF ST. PETER

To the Medical Missionaries

To clear a pathway for the living Word
They come, the unwearying teachers of the deed.
Christ's pioneers, to works of mercy stirred
That ears may open to His Church's creed.

As shadows cast by that which follows on
They move before the healer of the soul,
And once again, as on a day long ago,
Lo, Peter's shadow makes the sick man whole!

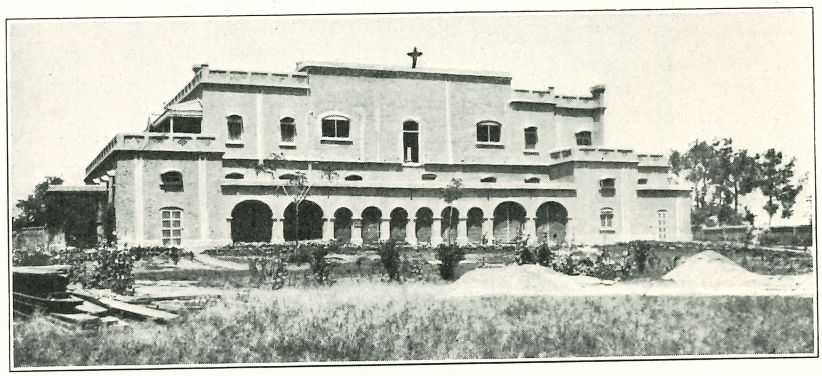
ENID DINNIS.

HAPPENINGS, HUMOROUS AND OTHERWISE, IN AND AROUND THE HOSPITAL

By Dr. Joanna Lyons

IF you could walk through the hospital during the visiting hour some afternoon about 4 o'clock when the wards are full, you would be amused I think. The place is crowded with people chattering away and producing a hum like a small bazaar.

One patient may have 12 relatives grouped about the bed, sitting on the floor or perched on a string bed like birds. Perhaps one has climbed up and sat on the bed with the patient to afford a human back rest and another to perform a long drawn our massage. Some are eating melons or chewing sugar cane and strewing the refuse on the floor. Children are running about or sleeping in in odd corners. Here is a man taking his wife's temperature to make sure it is done properly. If there is an operation going on all unengaged relatives and ambulatory patients rally round for a view. They climb up the side of the building and hang on for a peep above the frosted glass. We used to chase them away, but not now. After all there is not much to be seen but a few sheets, a little blood and us. When the patient emerges on the cart from the operating room all stand about to see her put back to bed and then clamor to see any tumor or other object of interest that may have been produced.



HOLY FAMILY HOSPITAL, RAWALPINDI, INDIA

Perhaps you may see under a bed a gunny sack of charcoal or an armful of wood or maybe a live chicken anchored to the leg of the bed and a head of cauliflower with half a dozen onions close at hand to complete the picture. (Cauliflower is the national flower of India; the people who think that the lotus is, never lived in India. The cook produces it on as many days of the 365 as he is let do so.) There is a place furnished for each one to lock up the groceries, but they are put here for a while until an invitation is issued for their removal.

You, my friend, may walk freely about the hospital but we do not always do so. The hospital is built that the rooms are on either side of a long central corridor. At one end of the house are our apartments, at the other the chapel. Can we walk down the corridor with a reasonable hope of arriving there? We cannot, but we look to see if the coast is clear and gently go along the veranda to the chapel. For if the colonies of relatives see us pass, they pursue us to enquire things which they know perfectly well. It matters not that the etiology pathogenesis, diagnosis, prognosis and treatment of the case in hand have been explained three or four times. Uncle Mohamed Shafi or Cousin Sitaram, who is a compounder in a hospital, has come this afternoon and would like a half hour's full explanation and enquire why the patient is not getting poultices or what not. Or Lal Singh wants to know if his wife should eat green lentils or yellow lentils and drink lemon soda or some other kind of soda. Here is a deputation to say that the patient who has typhoid has a temperature or that the bibi has pains. These things are amusing in the retrospect but wearing hic et nunc and it is to the benefit of all concerned to flee by the outer path. Sometimes these embassies come to our dining room or the chapel or even into our bedrooms to tell us these things.

Editor's Note: Apart from the space required, it is not surprising that a separate building for the living quarters of our Sisters and the native nurses is strongly in Dr. Lyons mind.

DR. LYONS WITH A GROUP OF PATIENTS

MEDICAL MISSION NOTES

ON September 16 the first four brothers of Charity from Trier left for the Jesuit Mission of Hiroshima, in Japan.

First Catholic Hospital in Tokyo

On May 25 the feast of Our Lady of Help of Christians, the foundation stone of the first Catholic Hospital in Tokyo was laid. The Franciscan Missionaries of Mary will undertake it.

Two New Catholic Hospitals for China

Lo Pa Hong, China's Vincent de Paul is building two more hospitals, one for tuberculous patients and the other for maternity cases. The French and Belgian Red Cross have given him substantial aid in the construction of the hospital for the tuberculous. Mr. Lo was responsible for the establishment of St. Joseph's Hospital, in Shanghai, which for a number of years, has sheltered thousands of sick, poor, orphans, insane and sick prisoners.

Medical Geography

The current number of "The Bulletin des Missions," published at the Abbey of St. Andrew, in Belgium, contains an interesting article on *Medical geography* in Mission Countries. It is illustrated by maps. As education and agriculture have a great bearing on the state of health of the country, there are some introductory remarks on both. The author of the article says that on the whole the schools do not lay sufficient stress on training in agriculture and hygiene and thereby cripple economic and social development and the utilization of the immense resources of the soil. Africa is described as a country rich in cereals, fruits and forests, the latter containing valuable woods for construction and furniture. If the negroes understood the most primitive laws of hygiene and the prevention of diseases of cattle, they would possess the most varied breeds of the whole world. According to travelers and missionaries the valleys, mountains, lakes and forests make it one of the finest parts of the world for scenic beauty.

The people are intelligent as attested by those who lived a long time among them. But unfortunately many are still the victims of ignorance and tropical scourges which, however, can be eliminated as they were in other countries.

Plague is endemic in many parts of Africa and from time to time great epidemics are recorded.

Typhoid also occurs in most parts. Egypt is said to have had 2,362 cases last year, Algiers 932, the Union of South Africa 4,500, etc. In an illiterate country statistics naturally do not cover the whole ground.

Smallpox is found over the greater area. In Egypt 542 out of 2,676 cases died, in the Belgian Congo where the cases were most numerous, 731 out of 9,140 succumbed.

About malaria, Sir Ronald Ross' remark applies. "Malaria is an important problem not only on account of the trouble it causes to man," he says, "but also on account of the serious obstacles it puts in the way of the progress of civilization in hot countries." Malaria has cut short many a promising mission career in Africa. In some places it has wiped out young Christian communities. In others it has been a hindrance to the formation of a native clergy, keeping people in a state of pauperism and physical and moral weakness which are incompatible with progress and ambition for higher things. It is estimated that millions of people in the world suffer from malaria. Many adults and children are regular reservoirs of malarial parasites and thereby a constant danger to those who surround them. As many missionary priests and sisters have charge of children, it can easily by realized how much they can contribute to the prevention of the fever by carrying on a warfare against mosquitoes in chapels, schools, domitories, hospitals, etc. In South Africa most children under five years of age have an enlarged spleen. The spleen index in Niamey in Nigeria is 60 percent, in West Africa 47 percent. In the Belgian Congo 99 percent of the children between 2 and 12 years of age have an enlarged spleen.

Of sleeping sickness we gave an account in a previous issue.

Recurring fever is found in most parts. The mortality depends on the constitution of the patient, varying from 1 to 30 percent.

Yellow fever was introduced into Africa by ships from South America. Since 1906 there were only a few isolated cases, but in 1927 it broke out again with a certain intensity, but was checked. Two research workers on the spot, Dr. Young and Dr. Stokes, died in 1927.

A peculiar skin disease characterized by nodosities over the joints and leading to cachexia (a general weakness) is found in the Sudan, Abyssinia, Kenya, Uganda, Tanganyika, Rhodesia, the Transvaal, French equatorial Africa, Angola, the Gold Coast, Nigeria and Sierra Leone.

No figures are given for leprosy, but the map shows about 20 centers distributed over the greater part of the continent.

Dysentery, influenza, crisypelas, plague, phagedenic ulcers are briefly mentioned, also tuberculosis, which is a regular white plague. A missionary from Natal told the writer that 30 percent of the deaths there are due to tuberculosis.

The infant mortality in Africa varies from 25 to 80 percent.

ADDRESS OF OUR MISSIONARIES

Dr. Lyons, Dr. Finnigan, Sr. M. Frances, Sr. M. Therese, Holy Family Hospital, Rawalpindi, Punjab, India.

Sr. M. Laetitia, Sr. M. Helen, St. Michael's House, Sagoon Baghan, Ramna Station, Dacca, Bengal, India.

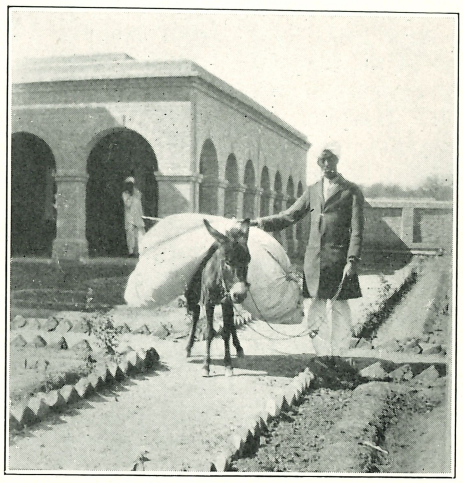
THE WICKED WASHERMAN

By JOANNA LYONS, M.D.

MARK TWAIN was a genius and therefore he had the gift of saying all about some subject in a few words which you or I would have to expend a thousand in saying less well. Mark shall have his say first and I the thousand-word remarks afterwards.

The genial humorist considered all the laughable things of this amusing world and decided that the funniest of all was the sight of an Indian trying to smash a rock with a shirt. The rock continues as it was but alas for the shirt and a triple alas for the buttons.

Such is the *dhobie's* method of performing. I can walk out most any time of the day and find our dhobie banging away the various possessions and habiliments of the hospital staff on a cement block which we (so low have we fallen) got built for the purpose. At each bang he lets out his breath with a z-z-z-z-z sound and a force guaranteed to exhaust the strongest man. But the dhobie, skinny and miserable looking and subject to epileptic fits in addition, goes on like this for long stretches.



HERE HE IS, DONKEY AND ALL.

This class of washerpeople are a very distinctive group in India. They go in for big turbans and small donkies, though doubtless there are other marks of identification which do not just now come to mind. The small donkies trot along under loads of wash much bigger than themselves. The turbans are usually spotless, though the profession is not always practised for the benefit of the home circle. One of the dirtiest patients we ever received into our hospital was the wife of a dhobie.

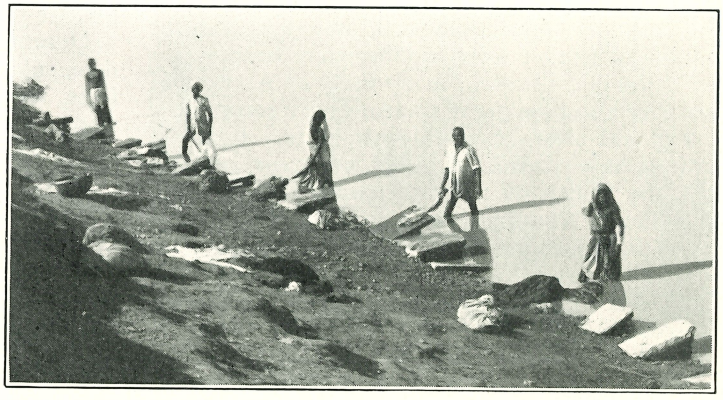
Washerpeople are low down in the social scale and much looked down upon on account of the nature of their work. I think they are always Hindus, of a low grade. Dhobies have the name of being drinkers. When you see them on a cold winter's day, more than ankle deep in the water with a chilly wind blowing across it, plying their trade, you understand how they are open to temptation in that direction. For it is very rarely that the work is done upon the premises, as with us. The usual thing is that the little donkey conveys the wash to some convenient stream which more likely than not receives the sewerage of the region round and an occasional dead cat or dog or baby, and serves also as a a bathing place for buffaloes. Pleasant things to reflect upon as you look at your tablecloths and napkins and such. (Speaking of the babies in passing, Hindu adults are burned after death but babies are if possible, cast into a running stream.)

Perhaps someone with a taste for domestic science would like to know what else is done to get the clothes clean besides hitting them on a rock in the middle of a stream of cold water. I speak only of our man's methods. He has a wide shallow pan filled with water and a fire under it. The clothes, colored and white, also sheep and goats destined for consumption, are supported on sticks above this hot water and steamed for a long time before the washing. Somewhere in the proceedings a great deal of washing soda is put in, perhaps before the steaming. Clothes in India have a short life, but an exciting one. Next they are removed and put through the course of dipping and whacking onto the cement block. Last of all they are spread on the bare brown earth to dry. The magnificent blazing sunlight does much in the way of bleaching.

There is rice water for starch and the wife of the dhobie is clever at ironing, also at folding-in the dirty spots to give you a little surprise when you go to make use of the "clean clothes."

Yet the washerman deserves credit for accomplishment. He has handled some stiff problems in the way of dirty clothes. Some day I should like to send to a missionary exhibit one of the cloths used to wipe our dishes, as it looks when it goes to the wash. It deserves a place alongside of the mosquito, the tsetse fly and such things that figure as missionary hazards. One more item and I will come to the point of the rambling talk. Once upon a time there was a good missionary father officiating at a funeral. I think you will admit he was entitled to a distraction when gravely walking in the procession suddenly upon the neck of the boy walking ahead of him the priest saw his own name written. On further inspection not only his name was there but his shirt, a shirt that had gone to the wash, was adorning a small black form. Nothing surprising in this.

The dhobie often has a side-line of hiring out the clothes temporarily in his possession to confer respectability for a funeral or a wedding. But we were speaking of coming to the point so let us not disappoint you of it. We have an ambition. The ambition is to throw off the yoke of the dhobie and proclaim our independence by buying an electric washer. You will help us, will you not? Send a dollar or five or ten to the Medical Mission House marked: "For Eastern Relief from the dhobie," or some such thing. It may well be that it would give one of you a thrill to contribute to the purchase of an operation table or something of the sort, but if you want to preserve us from gray hairs and gloomy views of life, please rally around the Electric Washing Machine for Rawalpindi.



DHOBIES AT THEIR JOB WHACKING STONES. **Alas for the shirts.**

INFANT MORTALITY IN BURMA

INFANT mortality is one of the problems that preoccupies the missionaries of Burma. "One of our priests," says Fr. Cremonesi, of Toungou, "has observed, after visiting the missions of the Milan Foreign Missionaries in China and India that one family converted to the faith in China becomes a village in 50 years time, but in Burma a converted village is reduced to one family in 50 years. This, naturally is not because the village has become Christian. On the contrary, the Faith reduces the mortality, since the 90 percent infant mortality of pagan villages is lowered to 80 percent in converted villages. But even with this, the numbers are startling. The Burmani and the Cariani have not very many children to start with. A glance at the baptismal register is sufficient to ascertain that ordinarily the baptisms in a family are about three years apart. More frequent births are decidedly the exception. If we add to this the fact that of those born 80 percent die, it can easily be seen that the Carian and Burman races are vanishing. Although we cannot obtain accurate statistics on the number of deaths, yet we can judge by experience that the tomb receives more than the cradle. Last year, here in my little village, in four months I baptised 20 babies and saw 18 of them die one after the other, leaving only two. One mother has already had seven children, but not one of them is alive. Another has had six, all of which are dead. Still another had eight babies and none of them lived more than two months. Such examples could be multiplied. The strange part of it is that all of them die after they have passed the first month of life. Then, suddenly, they are stricken and, within a few hours, are dead. I have seen it too many times. Often I have gone to these cases, with medicines in hand, but all in vain.

"The cause? I think that it should be sought primarily in the organic weakness of the race. Both the Cariani and the Burmani are weak, anaemic, without blood and without muscles. They eat nothing except rice, cooked without salt, with a little herbs seasoned with pepper. They live in the midst of impenetrable forests where the air does not circulate and the sun enters with difficulty, where there are always present the miasma of the forest, of the plants and of decomposing of animals, all causes of malaria. Everybody, not excluding the missionaries who live among them, is infected with malaria. Add to this the absolute lack of hygiene and cleanliness, and at times the lack even of water, the germ-laden fruits of the forest which they nibble at all day, and great labor required to cultivate rice in the mountains and the little nourishment mountain rice affords, and it is easy to understand the weakness of this poor people. A day of fasting is enough to put them in agony and one hour of hard labor would kill them. Other causes of infant mortality are the absolute lack not only of the rules of hygiene, but even of simple good sense in feeding a baby. Fifteen days after birth they start to feed the baby rice. This is a custom so ingrained that it will be several generations before the missionaries can eradicate it. To the people it seems that without rice the baby cannot live. Then, too, the baby is never bathed, except on rare occasions in dirty water without soap. The terrible poverty of the tribes does not permit the luxuries of any change of linen, and thus the poor infant remains exposed to bronchitis, pneumonia and colds.

"The missionaries have done their utmost to remedy the sad situation with the limited means at hand. A foundling asylum has been opened in the mountains under the direction of the Sisters and in every mission station there are dispensaries with all necessities for infants and mothers. Instructions are also given during visits to the various villages. But the work has just begun. What is needed is an obstetrical nurse in each district, which would be little enough considering that each district has from 30 to 40 Catholic villages, without counting those still pagan."—*Fides.*

ONE OF THE MULTITUDE OF THE STURDY. RESIGNED IN DR. FINNIGAN'S ARMS, BUT WITH EYES FIXED ON HIS MOTHER.

DR. AGNES McLAREN

(1837-1913)

SECOND INSTALLMENT

(**Synopsis of first installment:** Dr. Agnes McLaren came of a Scottish clan dating back to the sixth century. Her father, Duncan, began life as a draper's apprentice at 12 and rose to be one of the first merchants and most renowned citizens of Edinburgh. On the death of his first wife, who left him two sons, he married Christina Renton. Agnes was the eldest child of this marriage. Christina died leaving him two more sons. He married Priscilla Bright, sister of John Bright, in 1848, and three children were born within a few years. In the home of the McLaren family at Newington Hall reigned great harmony and happiness. The house was the rendezvous of politicians and social workers and in this atmosphere Agnes' tender, sympathetic and spiritual nature expanded, while her active intelligence responded to the many sided stimuli of her surroundings.

Duncan's energy, simplicity, sense of duty and public spirit, seem to have been his daughter's heritage from him.)

AGNES McLAREN'S father was rather strict, all felt towards him an attitude of veneration, almost superstitious, and vied with each other in earnestness to practice the lessons he taught. Duncan himself had for his children the tenderness and affection of a mother. He interested himself in the least details which concerned them. He cared for them in their illnesses with devotion and during his many absences kept in close touch with them by means of his letters. He even took the trouble to cut out from the newspapers articles which might interest the family and enclosed them in his letters.

What were these fatherly counsels so faithfully followed? One may say that they were concerned with the principles of religion, politics and morals which Duncan himself followed in his public life and which became a real part of the intellectual life of the whole household. Here are some of the maxims which guided the head of the house and which he inculcated all the more earnestly:

"No violation of the moral law can be tolerated for any advantage whatsoever in civil or domestic life."

The fulfillment of duty must take precedence of all other things.

Do everything perfectly from the beginning, equally during its course and at its finish. To do one's duty carelessly is a disorder not to be tolerated.

If you do not succeed at first, begin again.

Instead of talking much of the evils which you encounter, do what you can to remedy them.

One ought to treat all children with equal kindness and these on their side ought not to look for special attention, remembering that he who receives more than another incurs greater responsibilities.

To strengthen, render fruitful and implant deeply these maxims, Duncan guarded most carefully the religious training of his children. Family prayers were said at the beginning of each day. Every day the children had to learn some passages from the Scripture. On Sundays they read the Bible and the Catechism of the Presbyterian Church of Scotland. None of his children will ever forget the interest with which he could, according to his presbyterian upbringing, comment on the lives of the Saints, which each in his turn had to read.

Agnes, in particular, had enjoyed these lessons from her earliest years and devoted herself, more and more, to her father. A charming letter written by her, when she was only five years old, has been preserved. He was in London attending the conferences of the Anti-Corn-Law League, of which he was one of the founders in Scotland. She expressed to him in the name of the whole family the impatience with which they awaited his return. Her father, in his reply, expressed his regret at not being able to return soon, since he was obliged to remain in London to look after the interests of those poor little children, whose parents were unable to support them, so Agnes and her brothers and sisters must be very patient and not importune him to return. In this way they would contribute their share to the assistance of those poor children, less fortunate than themselves.

Such a training explains much concerning the character of Agnes.

Another person who influenced her, perhaps even more strongly, was her second mother, Priscilla Bright. The close union of all these chosen souls in the second marriage brought unmixed joys to the family. In a letter written shortly after, Agnes, quoting from the Pilgrims Progress, said: "We now live in the land of Beulah."

Endowed with an enthusiastic temperament and full of life, appreciative of poetry, nature and all that was beautiful, Miss Agnes McLaren possessed in addition, a charm of conversation and a rare power of sharing in the joys and sorrows of all who came in contact with her. Like her father, she was a Liberal by conviction and later she directed all her work, all her energy, to help the movement in favor of women's suffrage. At the same time, she did not neglect what others overlook, the more important duties of a woman. She had a lively, ardent faith in the workings of Divine Providence in the smallest details of life and always taught the necessity of seeking God's help in the struggle for perfection.

We have seen that her new mother, Priscilla, received the warmest welcome possible from the whole family. In this way she found her path smoothed in the difficult task of acting as mother to the five children whom she found in the home. As she shared whole heartedly in the feelings and ideas of her husband, she was able, without the slightest trace of friction, to bring up all her children side by side with those who later on completed the family circle.

Another very beneficial influence on Agnes McLaren was that of Miss Charlotte Granmann. Highly educated and endowed with rare gifts, this young teacher was charged with the education of Agnes and her young sisters, during three or four years at Newington House. . . . The correspondence between Miss Agnes McLaren and Miss Granmann, before the latter came to take up her residence with the family, shows the elevated ideals of the two girls in intellectual and moral spheres. In these letters Agnes insisted above all on delicacy of conscience, on high principles as well as disinterestedness, courtesy and good-will in one's daily life.

On these points she found in Miss Granmann the best and most devoted colleague. She could not have been given a finer teacher, nor a more intellectual companion. The affection which knit together these souls was never severed and Priscilla shared it. All three were friends, without lessening on Agnes' part her duty of dependence, respect and filial affection. This affection was such that Miss Granmann passed a year in the family without realizing that the eight children were not the offspring of one mother.

Agnes showed her adopted mother generous signs of affection. Priscilla contracted a serious disease. Duncan knelt at her bedside and offered with reverence a prayer of thanksgiving, since he was persuaded that she would be cured, which indeed happened. But the convalescence was long, and to hasten it, they sent the invalid to Grantour, a country place with a very salubrious climate. The question arose as to who would accompany and look after the invalid. As one might expect, Agnes was chosen for the task. Already an excellent nurse, she was also a good secretary, able to send to those at home, the daily bulletin containing all those little details which would please the family. The following will serve as an example.

She writes: A little incident has occurred which has given much pleasure to my father. My grandmother had given little Henry (her young nephew) some pennies to take with him on his walk in case he met any poor persons. On his return saying that he had not met any he requested to be allowed to keep the money for a poor woman, who sold flowers on the streets of London, and whom the police had compelled to change her stand to a less sheltered position. This pleased the family very much.

In the midst of these daughterly cares and family duties Agnes interested herself deeply in her studies, particularly in the histories of Scotland and of France. Joan of Arc became her favorite heroine. The efforts of the Italian people to a so-called liberty, portrayed as a more or less wonderful prospect, by a more or less sectarian press, won all her sympathy as well as that of other members of the family and Garibaldi was quickly added to her list of heroes. She admired all movements which bore the stamp of greatness and the deeds, as well as the thoughts of those she admired, had a profound influence on her.

Her dress was of the simplest and even a little unfashionable. She disliked to deck herself out, in the manner so dear to young girls. It was useless to speak to her, she would not change her attitude. She possessed on the whole, like Christina her mother, a beauty which was its own adornment. All her energies were directed to the pursuit of knowledge and the practice of charity. From her earliest days she showed herself to be very intelligent and grasped readily the underlying principles of a new subject. Learning by heart bored her and her memory retained with difficulty small details. She made slow progress in arithmetic and showed little liking for science. On the other hand she took great pleasure in literature in general, in the works of classical writers and in serious novels. The ordinary novels, no matter how well recommended, were of no interest to her. She had no use for them either for herself or for people at large.

As to works of charity, she gave her all, emptied her purse to the very bottom, supplemented by the allowance ordinarily given her, and by special gifts, received from time to time. People spoke of her, jokingly as the *Sister,* a beautiful title which pleased her, and which she deserved more and more with the passage of time.

Later on Agnes, free henceforth to give full vent to her philantrophic and charitable learnings felt herself deeply attracted by the preaching and personality of the Reverend Dr. Guthrie, founder of the Ragged Schools, a very famous preacher and leading philanthrophist of Edinburgh. His preaching made so strong an impression on her that she asked, and obtained permission, from her parents to become a member of his congregation. From that time onwards she attended his church instead of that used by the family.

She carried her devotion to Guthrie's work so far as to take charge of a class in the Sunday School under his care and it was there that she began to exert her influence among the poor on a large scale. She gave herself completely up to her class, as in all other matters of which she had charge, preparing conscientiously and with great care the lesson of each Sunday. She visited the young girls in their homes, even those of the poorest districts of Edinburgh. She showed the greatest interest in their concerns and frequently invited them to her father's garden, entertained them, lent them books and in a few words helped them to advance themselves and to strengthen their moral character.

Agnes had a natural aptitude for teaching and a great love for children. She loved to tell them stories of national heroes. She showed even more enthusiasm in relating to her younger brothers and sisters the lives of the saints and martyrs of olden times. Her favorite story was that of Saint Christopher. Religious works and religious subjects interested her before all others and the paintings which she preferred were those belonging to Christian art.

In the midst of these occupations Agnes' mind expanded, her heart developed and a host of projects for the welfare of her fellow-men presented themselves to her for recognition. Her health began to fail. To restore her, she was sent, with her brother Walter, on a journey to Bavaria where she was present at a representation of the Passion Play, held periodically at Oberammergau. Deeply moved by the spectacle she besought her parents so earnestly to come and see it, that they yielded to her demands.

From there she made a journey into Italy to satisfy her artistic tastes and to enjoy at the same time the wonderful climate of the Riviera. On her way she visited many towns in France, including Avignon, and it was with real enthusiasm that she filled in details of her studies of the histories of France and Italy, so intimately connected.

Traveling through Italy she arrived by easy stages in Rome, where she fell ill. She regretted it but little, since it meant for her several months residence in the Eternal City, during her convalescence. She was placed under the care of Dr. Pantaleoni, with whom she formed a strong friendship, which included his wife and children. She never again lost her great love of Rome and Italy which resulted from her prolonged stay.

All these new acquaintances, which she formed in Germany and Italy, helped in her early education, widened her outlook, elevated her intelligence, developed in her a love of the good and the beautiful, and deepened her religious instincts. Priscilla, speaking of her with complacency and motherly pride, said: "Agnes lives in the presence of God."

CATHOLIC MEDICAL MISSION HOUSE, BROOKLAND, WASHINGTON, D. C.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

THE Society of Catholic Medical Missionaries was founded in September, 1925, in Washington, D. C., with the approval of His Grace, Most Rev. M. J. Curley, D.D., Archbishop of Baltimore. The Society is designed to meet the need existing in all parts of the foreign mission field for Catholic medical women, willing to devote their life and profession to the service of the suffering millions in Pagandom.

It is intended for qualified women: Doctors, dentists, nurses, pharmacists, dietitians and technicians, etc., who feel attracted to the religious life, and who wish to continue to practice their profession in the service of God as foreign missionaries. These will find ample scope for their generosity in the Society of Catholic Medical Missionaries, whose purpose is to render medical aid, no disease or condition being excepted, to Christians and non-Christians, and to bring the light and consolation of our Holy Faith to the people under their care.

The Society will also accept members who possess no medical qualifications, either with a view of training them in some branch of the professon after admission, or with a view to devoting themselves to non-medical work inevitably connected with the undertakings of the Society at home and abroad.

The requirements for admission are the same as for other religious communities.

Please address inquiries to Dr. Anna Dengel, *Catholic Medical Mission House, Brookland, Washington, D. C., U. S. A.*

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